

# **Alcoholics Anonymous and Other Self-Help Groups: Integration into Substance Abuse Treatment**

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# Help-seeking among Alcoholics: Drinking-Related Factors

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Subjects: 8057 former drinkers surveyed in 1988 National Health Interview Survey

## RESULTS:

- 7% had gone to AA or sought other help.
- Help seekers were more likely to have:
  - DSM-IV alcohol dependence or abuse
  - a sense of compulsion to drink
  - social pressure to cut down
  - high levels of past alcohol consumption
- Effects greater for younger than older respondents

Hasin DS, Grant BF , J Subst Abuse, 1995

# Help-seeking among Alcoholics: Social Context Factors

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- Subjects (N = 45, 3 groups-OP, AA, No Tx; 62% male) recruited from community.
- Subject and collateral reports

## RESULTS:

- Alcohol-related psychosocial problems and social network characteristics specific to drinking and help-seeking differentiated the groups
- Drinking practices, general social support and event occurrences did not
- Both groups who sought help reported less network encouragement to drink, more network encouragement to seek help and greater alcohol-related psychosocial problems compared to untreated problem drinkers.
- AA participants also received more conflicting messages about seeking help than did treatment participants, and features of AA variously attracted and repelled different problem drinkers.

George and Tucker, J Stud Alcohol, 1996

# **ADDICTIONS SELF-HELP GROUPS**

## **12-STEP GROUPS**

- **Alcoholics Anonymous (AA)**
- **Narcotics Anonymous (NA)**
- **Cocaine Anonymous (CA)**
- **Overcomers Outreach (OO)**
- **Calix Society**

## **OTHER GROUPS**

- **Rational Recovery (RR)**
- **Smart Recovery**
- **Secular Organizations for Sobriety (SOS)**
- **Women For Sobriety (WFS)**

# **FEATURES OF SELF-HELP GROUPS**

- **History**
- **Philosophy and Traditions**
- **Observational Studies**
- **Experimental Studies**
- **Interaction with Professional  
AODA Counseling**

# AA History

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- 1935 Akron, OH meeting between William Wilson [Bill W.], a prosperous Wall St. broker who achieved sobriety by his involvement in the religious Oxford Group [Episcopal offshoot urging surrender to God, overcoming selfishness and arrogance, mutual aid, and service to others] and who then helped other alcoholics get sober, and Akron's Robert Smith, M.D. [Dr. Bob S.], an active alcoholic also connected with the Oxford Group. Bill W.'s emphasis on alcoholism as a malady of mind, emotions, body, and spirit immediately affected Dr. Bob who gave up drinking.
- Inspired, they helped an alcoholic inpatient at an Akron hospital get sober
- By 1937, AA had 3 chapters in Ohio and NY.
- 1938-9:
  - AA Foundation begun with help from J.D. Rockefeller
  - Favorable local and national press coverage
  - Alcoholics Anonymous [Big Book] published
- 1940-1950s:
  - 100,000 members
  - Local autonomy and 12 traditions developed
  - Disease model and cooperation with hospitals fostered by Dr. Bob
- 1960's-present: De-emphasis on religious themes
  - Spread to 150 countries with 90,000 groups and 2 million members

# **The Twelve Steps of Alcoholics Anonymous**

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- 1. We admitted we were powerless over alcohol, that our lives had become unmanageable.**
- 2. Came to believe that a Power greater than ourselves could restore us to sanity.**
- 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.**
- 4. Made a searching and fearless moral inventory of ourselves.**
- 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.**
- 6. Were entirely ready to have God remove all these defects of character.**
- 7. Humbly asked Him to remove our shortcomings.**
- 8. Made a list of all persons we had harmed, and became willing to make amends to them all.**
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.**
- 10. Continued to take personal inventory and when we were wrong promptly admitted it.**
- 11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.**
- 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.**

# The 12 Traditions of Alcoholics Anonymous

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1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority - a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.



# Alcoholics Anonymous: Differences Among Groups

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Examined differences in AA groups' perceived social dynamics, 12 step emphasis, and 12 step completion

## Method

Questionnaires completed by AA members [64% Male, mean sobriety 45 mos.] affiliated with three mainstream AA groups.

## Findings

- The 3 AA groups differed in perceived group cohesiveness, independence, aggressiveness and expressiveness.
- Differences in frequency of reported 12 step discussions in meetings.
- Step discussion was lowest in the group with highest aggressiveness.
- Differences were also found in the reported frequency of completing AA steps:
  - group with highest cohesiveness and step discussion reported having completed the fewest surrender (1-3) steps.

## Conclusions

AA not a homogeneous entity.

Heterogeneity among AA groups may provide bases for initial matching of individuals to AA experiences.

# What AA Does Not Do

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- Solicit members
- Engage in or sponsor research
- Keep attendance records or case histories
- Join “councils” of social agencies
- Follow up or try to control its members
- Make medical or psychological diagnoses or prognoses
- Provide drying-out or nursing services, hospitalization, drugs, or any medical or psychiatric treatment
- Offer religious services
- Furnish initial motivation for alcoholics to recover
- Engage in education about alcohol
- Provide housing, food, clothing, jobs, money, or any other welfare or social services
- Provide domestic or vocational counseling
- Accept any money for its services, or any contributions from non-A.A. sources
- Provide letters of reference to parole boards, lawyers, court officials, social agencies, employers, etc.

# Format of AA and NA Meetings

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- Peer led; minimum attendance = 2; no trained leaders
- 2 types of meetings: Open, Closed; members decide type
- Open: Any interested person may attend
- Closed: Only AA members or those interested in doing something about their drinking problem may attend
- Formats: Speaker and Activity meetings
- Both: social interaction/greeting, call to order, introduction, Big Book reading, announcements, recognition, discussion, prayer ending
- Speaker meeting: visitor or group member speaks, telling story of their drinking, what brought them to AA, what recovery is like; attendees usually not asked to speak
- Activity meeting: step meeting, topic discussion

# Sponsorship in AA and NA

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- Pairs more and less experienced recovering addicts and alcoholics
- Sponsor shares experience, trying to enhance motivation for sobriety
- Temporary sponsorship often available
- Opposite sex sponsorship discouraged
- Contact PRN urge to drink, feeling lonely/ sad/ anxious, and otherwise
- Sponsor provides practical advice, 12 step mentoring
- Use of supports outside of sponsorship encouraged

# Alcoholics Anonymous: Meta Analysis of Efficacy

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## Meta-analysis of AA treatment literature

### FINDINGS

- No clear exclusionary criteria exist
- Alcohol-dependent individuals who become nonproblem drinkers appear to be less likely to affiliate with or maintain involvement in AA.
- Of those alcoholics who become long term, active AA members, about 40 to 50% enjoy several years of total abstinence; 60 to 68% improve somewhat, drinking less or not at all during their participation.
- Those who combine AA with other forms of treatment seem to do as well as or better than those who go to AA alone.
- More active AA participants do as well as or better than those who participate less actively.
- Compared to professionally treated alcoholics, AA members seem to achieve abstinence at a higher rate.

## **Outcome of alcoholism treatment and involvement in AA among previously untreated problem drinkers**

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- 515 initially untreated problem drinkers followed for 1 yr. after contacting alcohol information and referral or detoxification services.
- At a one-year follow-up, participants had self-selected into one of 4 groups: no TX (24%), AA only (18%), OP TX (25%), and RES/IP TX (32%)
- Compared these four groups in drinking-related variables, other aspects of functioning, and stresses and resources over the follow-up year.
- Although individuals who received no help improved, persons in the two treatment and the AA-only groups improved more, particularly on drinking-related outcomes.
- Inpatients were more likely than outpatients or AA-only participants to be abstinent; otherwise, type of intervention had few differential effects.
- More AA attendance was associated with abstinence among AA-only, outpatient, and inpatient group members.
- Among outpatients and inpatients, more formal treatment was associated with abstinence and improvement on other drinking-related outcomes.

**Timko et al. 1994**

# **Affiliation with Alcoholics Anonymous**

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- **Attending specified number of meetings [e.g., 90 in 90 days]**
- **Joining a group**
- **Maintaining involvement over specified duration**
- **Working the 12 Steps**
- **Leading AA meetings**
- **Having a sponsor**
- **Being a sponsor**
- **Doing other service work**

# **Predictors of Affiliation with Alcoholics Anonymous**

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- **Use of external supports to stop drinking in the past**
- **Self-report of loss of control over drinking**
- **Anxiety about drinking**
- **Heavier drinking**
- **Obsessive-compulsive drinking patterns**
- **Belief that mental functioning is enhanced by drinking**
- **Being a sponsor**
- **Male, 30-40, lower to middle middle class**

**Emrick et al., 1993**



# **Dually Diagnosed Patients: Involvement in AA**

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**60 psychiatric inpatients with concomitant alcohol use or abuse surveyed**

- >50% reported they felt comfortable with the basic tenets of AA**
- Diagnosis and gender not related to AA participation, belief in its basic tenets, or willingness to attend AA in the future.**
- Regular, past attendance at AA was reported by 37%**
- Past regular AA attendance not different among those with schizophrenic spectrum disorders and those with other psychiatric disorders**
- > 50% reported plans to attend AA as part of their outpatient treatment program**

**Pristach and Smith. J Addict Dis 1999**

# **Alcoholics Anonymous: Affiliation, not Attendance, Affects Drinking Outcome in former Inpatients**

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Inpatient alcohol dependent subjects followed 31 weeks after discharge.

## **FINDINGS**

- Alcoholics Anonymous (AA) attendees not different from non-attendees on pretreatment patient characteristics.
- Posttreatment attendance of AA was not predictive of drinking outcomes.
- Measure of AA involvement did predict more favorable outcomes.

# Alcoholics Anonymous: Affiliation and Outcome

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Meta-analyses of 74 studies that examined AA affiliation and outcome.

Divided results: outpatient or inpatient settings

Rated global study quality considering subject selection and assignment, reliability of measurement and corroboration of self-report.

Examined efficacy of dividing study results by changes in correlations and unexplained variance.

## FINDINGS:

- AA participation and drinking outcomes were more strongly related in outpatients
- Better designed studies were more likely to report positive psychosocial outcomes related to AA attendance.

PROBLEMS: In general, AA studies lacked sufficient statistical power to detect relationships of interest.

Tonigan JS, et al. J Stud Alcohol 1996

# **Black and White Alcoholics: Involvement in AA**

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**791 black and white men and women entering treatment in public, private and HMO substance abuse programs interviewed 3-21 days after treatment entry**

- 64% blacks vs. 54% whites reported they felt like an AA member**
- 38% blacks Vs 27% whites had a spiritual awakening as a result of AA**
- 48% blacks vs. 37% whites had done service at a meeting in past year**
- 23% whites vs. 14% blacks reported having had a sponsor**
- 77% whites vs. 67% blacks reported and to have read program literature**

# Enhancing AA Participation: Effect of Type of Treatment Program

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Affiliation with Alcoholics Anonymous (AA) and other 12-Step self-help groups is becoming more common. May be cost-effective to assist such group affiliation.

## METHODS

- Studied 3018 treated veteran substance abusers in variety of SA TX Programs
- Measured program orientation affect on:
  - (1) the proportion of its patients that participate in self-help groups, and
  - (2) the benefit patients derive from participation in self-help groups

## FINDINGS:

- More 12 step group involvement if TX in twelve-step facilitation [TSF] or eclectic program than cognitive behavioral therapy-oriented programs
- TX model moderated outcome of self-help group participation:
  - As program's TSF emphasis increased, 12 step group participation more strongly linked to substance use and psychological outcomes.
  - 12-Step oriented treatment programs appear to enhance the effectiveness of 12-Step self-help groups.

Humphreys et al. J Stud Alcohol 1999

# **Alcoholics Anonymous: Efficacy in Controlled Clinical Trials**

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- Meta analysis: Outcomes (usually 12 mo. abstinence) of 21 controlled studies.
- Noted severe selection biases, indicating that AA affiliation is not random and may be a surrogate for compliance-proneness.
- Randomized studies yielded worse results for AA than nonrandomized studies, but were biased by selection of coerced subjects.
- Attending conventional AA meetings was worse than no TX or alternative treatment
- Residential AA-modeled treatments performed same as alternatives
- Several components of AA seemed supported :
  - recovering alcoholics as therapists
  - peer-led self-help therapy groups
  - teaching the Twelve-Step process
  - doing an honest inventory

**Kownacki and Shadish, Subst Use Misuse 1999**

# **Alcoholics Anonymous: Efficacy in *Randomized Clinical Trials***

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- Three published studies
- Coerced populations in each, so voluntariness of involvement violated
- Meeting locations were prescribed in one study
- Not more than one meeting/week in one study
- None found AA more effective than control treatment condition.

McCrary, 1995

# **Alcoholics Anonymous Affiliation: Therapeutic Effects & Mechanism of Action**

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Assessed inpatient alcoholics [N = 100] receiving intensive 12-step substance abuse treatment Assessed during treatment and at 1- and 6-month follow-ups.

## **RESULTS**

- Greater AA affiliation predicted better drinking and other outcomes
- This was mediated by maintenance of self-efficacy and motivation, as well as increased active coping efforts

Morganstern et al. J Clin Consult Psychol 1997



# Reduced Substance-Abuse-Related Health Care Costs Among Voluntary Participants in AA

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Prospective 3-yr. study of 201 SF area residents recruited from alcoholism information and referral services and detoxification units in the San Francisco Bay Area.

## RESULTS

- At baseline, participants who chose to attend AA meetings (N = 135) were not significantly different from those who chose professional outpatient TX (N = 66) in sex, marital status, employment, race, and sx's of alc dep & depression
- AA attendees had lower incomes and less education and experienced more adverse consequences of drinking, suggesting somewhat worse prognoses.
- Over the three-year study, per-person treatment costs for the AA group were 45 percent (or \$1,826) lower than costs for the outpatient treatment group.
- Despite the lower costs, 1 and 3 yr. outcomes for the AA and OP TX groups similar

# AA and family support: Prediction of Treatment Outcomes

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Prospective 3-yr. study of 439 alcoholics.

## RESULTS

- More severe chronic financial stresses both predicted and were predicted by more alcohol consumption and drinking-related problems.
- Among social resources, Alcoholics Anonymous was the most robust predictor of better functioning on multiple outcome criteria.
- Support from friends and extended family also predicted better outcomes; this effect stronger if unemployed or single

Humphreys, Moos, and Finney, J Nerv Ment Dis, 1996

# Outcome Predictors for Alcoholism Treatment

**Patient Characteristics:** Axis I affective and anxiety disorders; ASPD; early onset of alcoholism; drug addiction; motivation; social and family support

**Treatment Characteristics:** Therapist skill; locus of treatment; prior treatment successfulness; focus on non-addiction family, psychiatric and employment problems

**Post-Treatment Factors:** Continued counseling, social support, stress, depression and anxiety

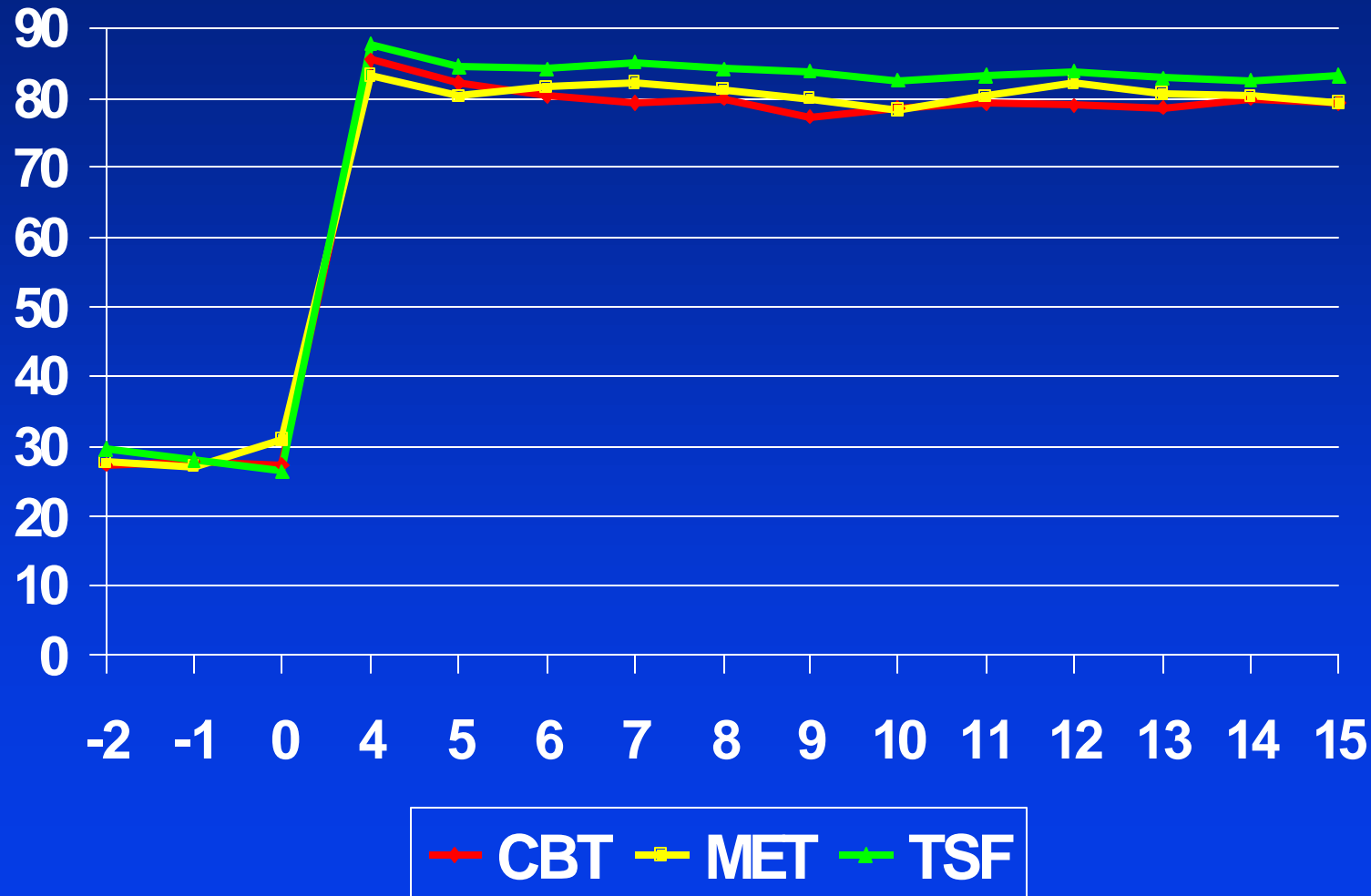
**Twelve Step Facilitation in Project MATCH:  
Based on Alcoholics Anonymous Principles  
12 sessions in 12 weeks designed to:**

- **introduce the first three steps of AA**
- **promote active participation in AA**

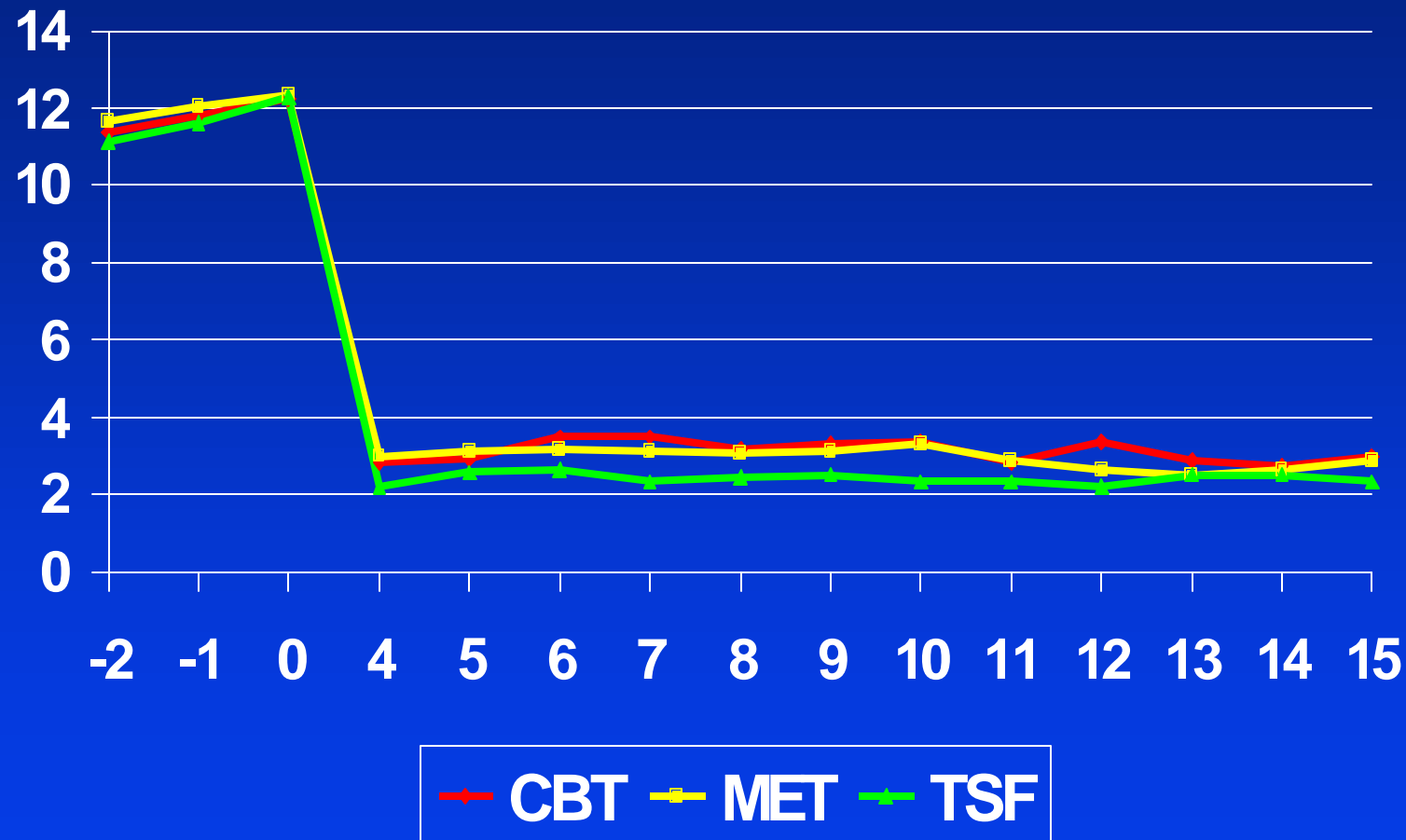
# Project MATCH Findings

1. Excellent overall outcomes
2. Few differences among treatments  
Outcomes similar for MET vs. CBT+TSF  
Observed main effects generally favored TSF
3. Outcomes are not substantially improved by client-treatment matching.  
“Mismatches are not a major obstacle for these treatments.”
4. Outcomes differ substantially across therapists
5. A.A. involvement is associated with better outcomes

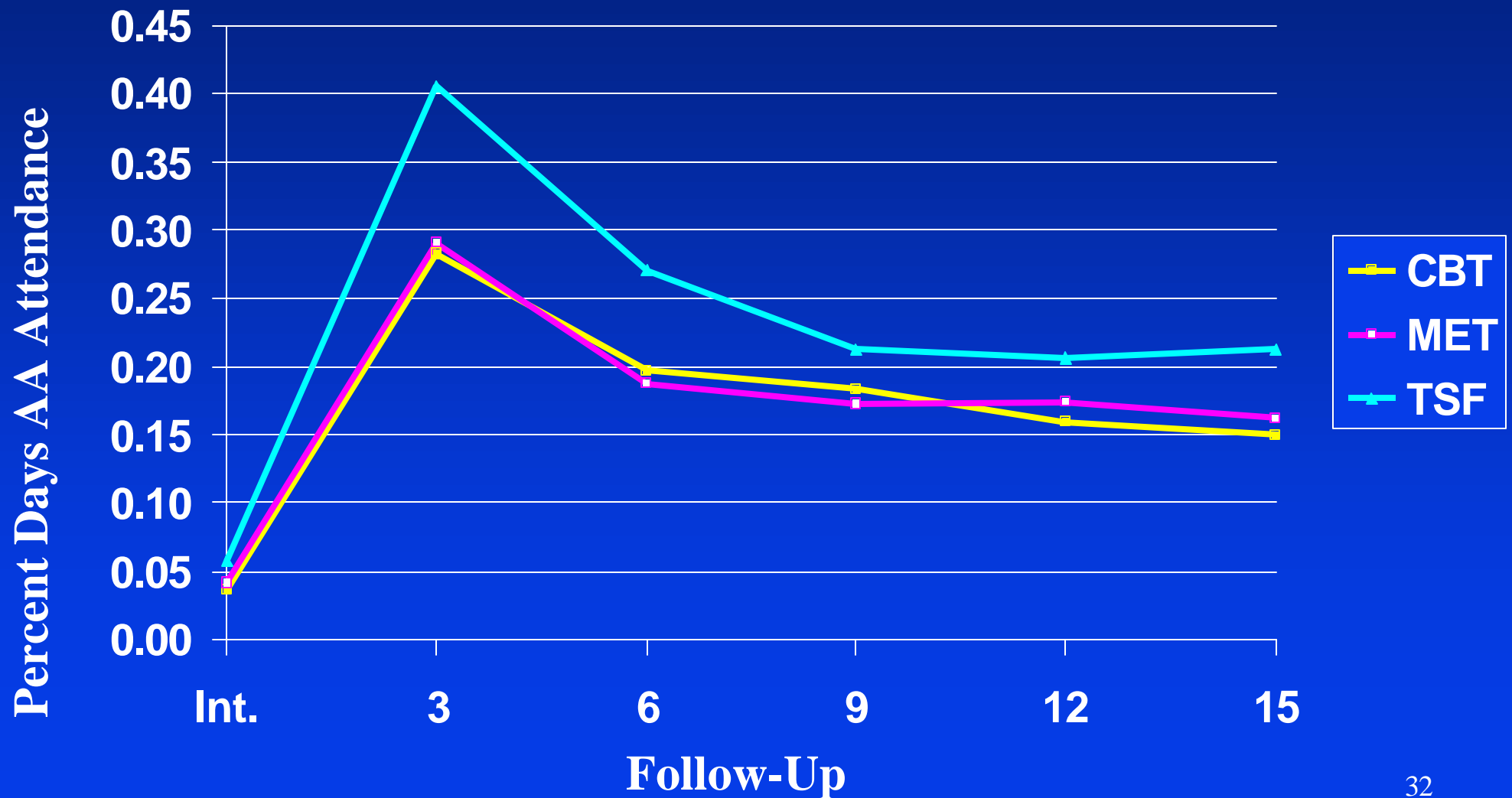
## Mean Percent Days Abstinent as a Function of Time (Outpatient)



# Mean Drinks per Drinking Day as a Function of Time (Outpatient)

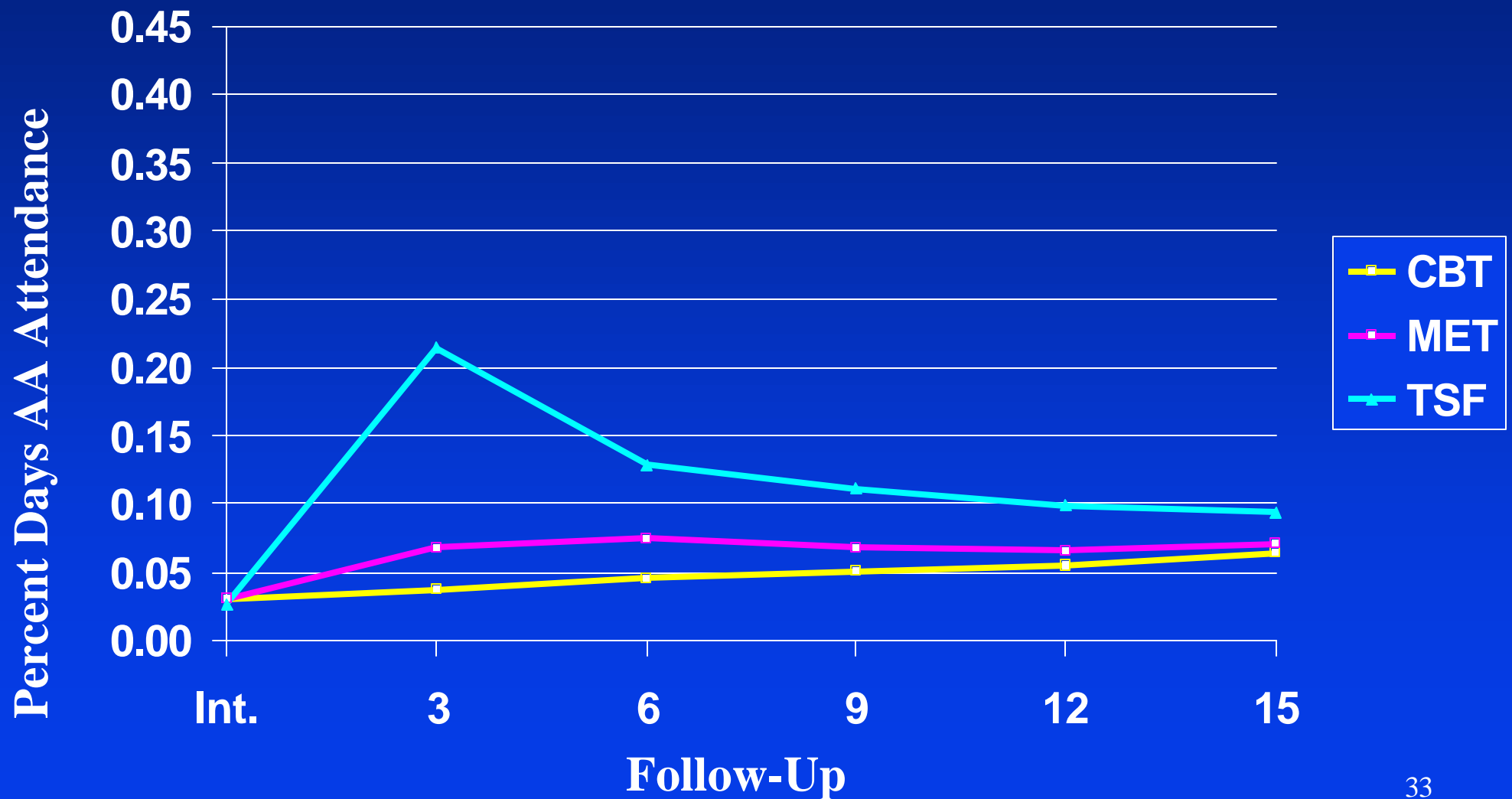


# Percent Days AA Meeting Attendance by Treatment Condition: Aftercare Arm





# Percent Days AA Meeting Attendance by Treatment Condition: Outpatient Arm



## Alcoholics Anonymous: Limitations

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- Preoccupation with drinking and sobriety and lack of concern for other problems.
- Insistence that its members are but "one drink away from a drunk" can become a self-fulfilling prophecy.
- Empirical studies indicate that those who affiliate with AA are different from those who do not.
  - e.g., AA members have longer drinking history, loss of control. moderate social stability, lack of significant psychopathology, and more religiosity and authoritarianism
- Thus AA may not appeal to many alcoholics

Ogborne AC    Recent Dev Alcohol 1989

## AA Coercion: Legal Limitations

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- EEOC and Manning vs. United Airlines: 1998 rulings that AA attendance as condition of pilot licensure violates rights; AA is religious in character and thus cannot be mandated
- Evans v. Board of Paroles [TN] 1997: Coercion into AA violates establishment of religion clause
- Griffin v. Coughlin [NY Appeals Ct., 1996]: Mandated 12-Step attendance violates establishment of religion
- 1994 U.S. Court of Appeals: O'Connor vs. Orange County and the State of California), AA is religious; State of California must offer alternatives to 12-step programs in any state-funded or mandated program
- 1994: AA and Hazelden materials religious and banned from California Youth Authority classrooms
- 1994: Warner v Orange County Department of Probation: AA attendance for DWI offender violated establishment clause.
- **Conclusion: must inform of non-AA self-help group availability and take no position on AA vs. other self-help groups until research data available**

# AA Members Views on Medications for Alcoholism

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277 AA members surveyed anonymously

- > 50%: relapse-preventing Rx was/might be a good idea
- 17% believed an individual should not take it
- 12% would tell another member to stop taking it
- More frequent attendance/past 3 mos. predicted less favorable attitudes toward Rx
- 29% reported had some pressure to stop a medication of any type
- 69% of these continued taking the medication

Rychtarik RG et al. J. Studies Alcohol 2000

# History of Rational Recovery

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- Begun in 1980s by Trimpey and Trimpey, CB therapists in recovery
- Focus not on faith [their view of 12-step groups] but on reason
- 600+ groups in US
- Groups facilitated by professional therapist
- Commercial products available
- Small Book published 1989
- Splinter led to formation of SMART Recovery in 1990s

## Major themes:

- Enhance self-esteem as precursor to stopping drinking/drug use
- Take a rational approach to stopping using, just like rational change for other life problems; spiritual approaches viewed as not useful
- Irrational thinking conceived as voices from “the Beast” [limbic areas] that can be overcome by rational thought [cortex]
- Involvement is designed to be time-limited, not lifelong [6-12 months]
- Advocates abstinence as safest route to dealing with AOD problem
- Strongly opposes disease concept and 12-step group ideology as pseudo-religious, disempowering and cult-like

# **Rationale for Joining Rational Recovery**

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**Rational Recovery suggests that any substance user or abuser learn about RR concepts before doing anything else or getting help. The reasons are simple:**

- Even though you have an alcohol or drug problem, there is nothing wrong with you that prevents you from abstaining.**
- Planned abstinence is a skill. Anyone can learn it. You may not yet know how to abstain, but you can surely learn.**
- Whatever problems you may have, they are most likely the result and not the cause of your addiction. When you abstain, they will probably fade or disappear.**
- Most people (over 70%) who quit substance addictions do it on their own.**
- The cost of getting help in time and money is great, to you, to others, and to society.**
- Getting help usually means extensive participation in recovery group activities instead of directly learning the skill of planned abstinence.**
- There is little if any research showing that getting help helps.**
- Recovery groups can aggravate addictions and cause new problems.**
- Given the choice, most people prefer independent problem-solving.**
- Quitting a substance addiction is much easier than it appears to be, or is made out to be.**

**Rational Recovery Website**

# Readability of the Big Book and Small Book

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Evaluated reading level of Big Book and Small Book using word recognition and vocabulary level software

## RESULTS:

- Big Book used in Alcoholics Anonymous has 8th- or 9th-grade reading level
- Small Book for Rational Recovery required college level reading ability.

# Efficacy of Rational Recovery

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National sample of 433 substance-abusing people attending 63 established RR groups was evaluated by questionnaires completed at RR meetings.

## FINDINGS

- Membership: 75% male, 60% post-college, 80% prior AA attendees
- Of new attendees, 38% were abstinent in the last month
- If joined 3 or more months before, 73% were abstinent in the last month
- Average attendance 4.1 RR meetings in that month, and carried out exercises at home based on Rational Emotive Therapy.
- Among those who joined  $\geq 6$  months before, 58% reported  $\geq 6$  months of abstinence.
- Among past heavy cocaine users, the portion reporting abstinence in the last month was not significantly different from those who had never used cocaine.
- Most members engaged for 3 months were still drinking [9.9 days/past mo..]

Galanter M, Egelko S, Edwards H Am J Drug Alcohol Abuse 1993



# Women For Sobriety

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## HISTORY

- Begun 1970s to help women recover from alcohol problems, rejecting AA's emphasis on powerlessness, turning over one's will, and keeping memories of one's drinking behavior fresh are counter-therapeutic for women
- **Goals:**
  - help women recover through discovery of self, gained by sharing experiences, hopes, and encouragement with other women
- Views women's drinking as way to cope with depression, frustration, loneliness, and other negative emotional states and that drinking eventually leads to addiction.
- Emphasizes personal control, developing self-identity as competent women, putting past behind, and belief that, once stable, a woman won't need WFS meet'gs.

# Women For Sobriety

## “New Life” Acceptance Program

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1. I have a life-threatening problem that once had me.
2. Negative thought destroy only myself.
3. Happiness is a habit I will develop.
4. Problems bother me only to the degree I permit them to.
5. I am what I think.
6. Life can be ordinary or it can be great.
7. Love can change the course of my world.
8. The fundamental object of life is emotional and spiritual growth.
9. The past is gone forever.
10. All love given returns.
11. I am a competent woman and have much to give life.
12. I am responsible for myself and my actions.

## Why Do Women Go To Self-Help Groups?

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Surveyed Women For Sobriety membership (n = 600) for, the reasons for attending WFS , AA, and for not attending AA

### RESULTS

- Women attended WFS for support and nurturance (54%), safe environment (26%), sharing about women's issues (42%), and because of its positive emphasis (38%) and focus on self esteem (39%).
- They attend AA primarily as insurance against relapse (28%), for its wide availability (25%), and for sharing (31%) and support (27%)
- Women who do not attend AA felt they never fit in at AA (20%), found AA too negative (18%), disliked the drunkalogs (14%) and their focus on the past (14%), and felt AA is geared to men's needs (15%).

Kaskautas L, J Subst Abuse Treatment, 1994

## Principles of Working With Self-Help Groups

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- RR is only group for clients with a goal of moderation.
- Become familiar with the available self-help groups, their literature, & attendees.
- Maintain a stock of various organizations' pamphlets.
- Provide a rationale for self-help group involvement:
  - place to meet others with similar problems and experiences
  - therapy is time-limited; these can be more longstanding supports
  - group may provide sense of meaning, friendships, closeness, and fun
  - many members feel they have tremendous success with such groups
- Deal with religiosity concern: discuss options, educate
- Deal with reluctance: possible part of treatment menu
- Explain what to expect at the first meeting; if possible, have veteran of the group whom patient can call; discuss types and heterogeneity of meetings.
- After attending meeting, discuss experiences with patient and address social anxiety, ambivalence, etc.
- Over time, set attendance goals, track involvement
- Discuss similarity and complementarity with professional counseling.